



**Health  
Information  
and Quality  
Authority**

An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

# National Hygiene Services Quality Review 2008: Standards and Criteria



# About the Health Information and Quality Authority

The Health Information and Quality Authority is the independent Authority which has been established to drive continuous improvement in Ireland's health and social care services. The Authority was established as part of the Government's overall Health Service Reform Programme.

The Authority's mandate extends across the quality and safety of the public, private (within its social care function) and voluntary sectors. Reporting directly to the Minister for Health and Children, the Health Information and Quality Authority has statutory responsibility for:

- **Setting Standards for Health and Social Services** — *Developing the quality and safety standards, based on evidence and best international practice, for health and social care services in Ireland (except mental health services).*
- **Monitoring Healthcare Quality** — *Monitoring standards of quality and safety in our health services, implementing continuous quality assurance programmes and accrediting service providers towards excellence.*
- **Health Technology Assessment** — *Ensuring the best outcome for the service user by evaluating the clinical and economic effectiveness of drugs, equipment, diagnostic techniques and health promotion activities.*
- **Health Information** — *Advising on the collection and sharing of information across the services, evaluating information and publishing information about the delivery and performance of Ireland's health and social care services.*
- **Social Services Inspectorate** — *Registration and inspection of residential homes for children, older people and people with disabilities. Monitoring day and pre-school facilities and children's detention centres; inspecting foster care services.*

## Foreword

In 2007, the Health Information and Quality Authority (the Authority) undertook the first independent National Hygiene Services Quality Review and published the National report in November 2007. We are now commencing the second National Hygiene Services Quality Review and, with the same approach as last year, will assess compliance against the standards and focus on how hospitals have improved the quality of their hygiene services compared to the standards of their services last year.

The rise of healthcare associated infections is presenting a significant challenge to health systems throughout the world; and Ireland is no different. Actively managing the reduction in HAI, and thereby seeking to minimise and eradicate the harm and trauma they cause for people who use our health and social services, is a duty for all staff working in those services.

Good hygiene practice is a fundamental building-block of safe, effective healthcare. The principles of, and behaviours for, good hygiene are well known, basic and straightforward to achieve. Our health and social care services must be delivered in appropriately clean settings, by staff who apply these principles as part of their daily routine, so that such care aims to eliminate the likelihood of infection - patients should expect nothing less. It is therefore important that everyone, both users and providers of the services, realise and embrace the principle that they individually and collectively have a responsibility to ensure hygiene standards are met and actively enforced.

In order to know, and demonstrate, that the rate of healthcare associated infections in hospitals is reducing, it is imperative that every hospital should be monitoring these rates and actively managing improvements to eradicate healthcare associated infections. As the Authority responsible for driving continuous improvement in our health and social care services, we will be monitoring key indicators, as well as incorporating issues related to healthcare associated infections, in our future quality assurance and licensing programmes.

However, healthcare associated infections do not confine themselves to hospitals. Therefore the drive for improvement cannot be solely focused on hospitals but also needs to incorporate primary and community care, as well as residential care settings, for example, nursing homes.

Overcoming the challenge of healthcare associated infections will not be achieved overnight and will require sustained and focused effort by all. Only by working together and taking active responsibility for reducing them will we succeed.



**Dr Tracey Cooper**  
Chief Executive Officer

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# 1 National Hygiene Services Quality Review 2008

Following last year's National Hygiene Services Quality Review, the Health Information and Quality Authority (the Authority) will conduct its second review to assess the quality of hygiene services in acute hospitals in the autumn of this year. This is a mandatory review for the 50 acute Health Service Executive and Voluntary hospitals in Ireland. The Authority's second National Hygiene Services Quality Review will assess compliance against the Hygiene Standards and will assess how hospitals are addressing the recommendations as identified in the 2007 National Hygiene Services Quality Review.

The aim of the review is to promote continuous improvement in the area of hygiene services within healthcare settings. This review is one important part of the ongoing process of reducing Healthcare Associated Infections (HCAI) and focuses on both the service delivery elements of hygiene, as well as on corporate management. It provides a general assessment of performance against standards in a range of areas at a point in time. The assessment will provide an independent measure of how hospitals are performing against the National Hygiene Standards and assist individual hospitals to identify areas of strength and areas for improvement.

The 2007 National Hygiene Services Quality Review process has been reviewed. As a result, a number of modifications to the assessment process have been made in order to continually improve the process. The standards themselves remain unchanged and the review will cover all standards.

## **Hygiene is defined as:**

*"The practice that serves to keep people and environments clean and prevent infection. It involves the study of preserving ones health, preventing the spread of disease, and recognising, evaluating and controlling health hazards. In the healthcare setting it incorporates the following key areas: environment and facilities, hand hygiene, catering, management of laundry, waste and sharps, and equipment"*

Hygiene Services incorporates a number of key services, areas and practices within an organisation. These include:

- *Environment and Facilities: incorporates the condition of the building and all its fixtures, fittings and furnishings.*

- *Hand Hygiene: incorporates hand washing, antiseptic handrub and surgical hand antisepsis.*
- *Catering: incorporates kitchens (including ward kitchens) fixtures and fittings and food safety.*
- *Management of Laundry: incorporates management of linen and soft furnishings both in-house laundry and external facilities.*
- *Waste and Sharps: incorporates handling, segregation, storage and transportation.*
- *Equipment: incorporates patient, organisational, medical and cleaning equipment.*

## **Key Components of the Hygiene Assessment Process**

There are four distinct components to the 2008 Hygiene Assessment process. These are:

- *Submission of a Quality Improvement Plan and accompanying information by the hospital to the Authority.*
- *Assessment undertaken by a team of External Assessors from the Authority to assess compliance against the Hygiene Standards.*
- *Provision of an overall report to each hospital, outlining their compliance with the National Hygiene Standards, outlining strengths and key areas for improvement.*
- *Continuous Improvement by the hospital as they seek to comply with the Hygiene Standards and improve the provision of hygiene services.*
- *Compilation of the National Report on the National Hygiene Services Quality Review.*

**Please note that the individual hospitals will not be required to submit a full self assessment for this year's review. However we would expect hospitals to have completed their own internal self assessment against the standards and will be asking to see that as part of the on-site assessment.**

## 2 Quality Improvement Plan

Continuous quality improvement is a key feature of the Hygiene Services Assessment. To facilitate continuous improvement within an organisation, the hospital will have to identify where it does not comply with a criterion and develop a Quality Improvement Plan (QIP). This Quality Improvement Plan should be an intrinsic part of the hospital's planning and governance of improvement in this area and should underpin ongoing monitoring.

This QIP should outline the plans developed and implemented to address a number of key issues as documented in the hospital's Hygiene Services Assessment Report 2007. This information will contribute to the assessment of each hospital against the standards.

The QIP will include the 2007 hospital rating per criterion to enable benchmarking at hospital level.

Each hospital is also required to supply the Authority with additional, specific information in advance of the assessment. This information will provide the assessment team with information on the organisation and its activities to assist them in preparation for the onsite visit.

This accompanying documentation should include:

- *Amendments to the Organisation Profile since submission in 2007 including:*
  - *Names of wards in the hospital and their specialty*
  - *The number of theatres in the hospital*
  - *If the Organisation has a 24 hour Emergency Department*
- *Corporate Hygiene Services Strategic Plan (Executive Summary Only).*
- *Hygiene Service Plan (Executive Summary Only).*
- *Hygiene Operational Plan (Executive Summary Only).*
- *Organisation Chart including Hygiene Services.*
- *Committee(s) Structure and reporting lines for Hygiene Services.*
- *Organisational Goals and Objectives for the current year for Hygiene Services.*
- *Any imminent projects due to commence in the coming year and the Capital Development Plans.*

- *Hygiene related:*
  - *Adverse Events in previous two years<sup>1</sup>*
  - *Incidents in previous two years<sup>2</sup>*
  - *Complaints in previous two years*
- *Cumulative number of cases of:*
  - *Methicillin-resistant Staphylococcus aureus (MRSA) over the last 12 months, on a monthly basis.*
  - *Clostridium difficile (C difficile) over the last 12 months, on a monthly basis.*
  - *Escherichia coli (E. Coli) over the last 12 months, on a monthly basis.*
  - *Vancomycin-resistant Enterococcus (VRE) over the last 12 months, on a monthly basis.*
- *Relevant coroner reports and any resultant action taken.*
- *Critical Control Points (CCPs) Flowchart based on Hazard Analysis clearly outlining the CCPs.*
- *Last three Environmental Health Officer Reports and resultant Action Plan.*
- *Last three Hazard Analysis and Critical Control Point (HACCP) non-conformance reports and resultant action taken.*

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1. An Adverse Event is an "incident which results in harm to a patient. Harm includes disease, injury, suffering, disability and death and may be physical or psychological".

2. A patient safety incident "is an event or circumstance which could have resulted, or did result, in unnecessary harm to a patient. Incidences may arise from both unintended and intended acts". International Classification For Patient Safety, World Alliance For Patient Safety Taxonomy, (2007 -2008)

## 3 Co-ordination and Support

Each hospital should appoint one or more designated persons to co-ordinate their assessment activities and serve as a link between the organisation and the Authority. Their role is to provide support to other hospital staff members (for example documentation and coaching), ensure timeframes are met in preparation for assessment; ensure actions arising from the Quality Improvement Plans are implemented within the time frames agreed, complete and submit the information and collate and index the supporting onsite documentation.

The organisation should also submit details of two contact people for the National Hygiene Services Quality Review who the assessors can contact upon arrival at the hospital.

To ensure the success of the Assessment Process, it is important that the Senior Management Team of the organisation is demonstrably involved and supportive throughout the process. The Chief Executive/ General Manager must formally sign-off the Quality Improvement Plan, and accompanying information, before they are forwarded to the Authority.

### **The Assessment Team and Assessment**

The Assessment Team is responsible for assessing the hospital's compliance with the standards. The assessments are unannounced and may take place at any time or day of the week.

## 4 Standards Overview

The Hygiene Services Standards form the cornerstone of the process and provide a framework within which identification of compliance levels can be determined and progression of continuous quality improvement initiatives can be implemented and driven in participating organisations.

The Hygiene Services Standards are structured as follows:

- *Standard: Desired care, service or outcome goal to be achieved. (These are written in **bold type**, prefixed with the initials of the standards and numbered, e.g. Corporate Management Standard – CM 1.0, CM 2.0 etc).*
- *Intent Statements: The aim of each standard is explained by means of an Intent Statement. The intent statement is designed to clarify the purpose of each standard (e.g. CM 1.0, CM 2.0, etc.) and to provide further explanation as to the aim of each criterion.*
- *Criteria: Specific steps, activities or decisions that must occur to achieve the standard. (These are written in **bold type** and are numbered, e.g. SD 1.1, SD 1.2, SD 2.1 etc.).*
- *Core criteria: To provide quality hygiene services, an organisation must ensure that there is a continual focus on core areas of the service. In this regard, core criteria have been identified within the standards to help the organisation and the hygiene services to prioritise areas of particular significance. Core criteria are **underlined and in orange**.*
- *The standards follow the quality improvement process of Plan, Do, Check, Act.*

## **Evidence of Compliance (EOC)**

The self assessment team in the hospital must identify evidence to justify their evaluation of the service they provide. The evidence is then utilised to determine the level of compliance to the criterion they are assessing.

Each criterion contains information to assist self-assessment teams in determining what types of evidence may be necessary to show compliance to each of the criteria. In the core criteria, the information provided is called 'Compliance Required'. In the non-core criterion the information is called 'Guidelines for Evidence of Compliance'.

The following standards groupings apply:

### ■ **Corporate Management**

*These standards facilitate assessment of performance with respect to hygiene services provision to the organisation and patients/clients at organisational management level. It incorporates four critical areas- leadership and partnerships, environmental facilities, human resources and information management.*

### ■ **Service Delivery**

*These standards facilitate assessment of performance at team level. The standards address the areas of evidence based best practice and new interventions, promotion of hygiene, integration and coordination of services, safe and effective service delivery, protection of patient rights and evaluation of performance.*

## **Quality Dimensions and Descriptors**

The Hygiene Services Assessment Process has been developed to provide organisations with a framework for improving quality, but what is quality? What should an organisation be aiming to achieve from the Hygiene Services Assessment Process?

Within the standards quality is represented by four Quality Dimensions. These Quality Dimensions form the basis of the structure of the standards.

Each criterion is linked to one of the following quality dimensions:

- *Responsiveness*
- *System Competency*
- *Patient/Client/Community Focus*
- *Work Environment*

Descriptors assist in describing each of the Dimensions.

### **Responsiveness**

The organisation anticipates and responds to changes in the needs and expectations of the (potential) patient/client and/or community/population(s), and to changes in the environment.

### **System Competency**

The organisation consistently provides service(s) in the best possible way, given the current and evolving state of knowledge. The organisation achieves the desired benefit for patients/clients, families/carers and/or communities, with the most cost-effective use of resources.

### **Patient/Client/Community focus**

The organisation strengthens its relationship with the patient/client, family/carer and/or community. The organisation does this by encouraging community participation and partnership in its activities.

### **Work Environment**

The organisation provides a work atmosphere conducive to performance excellence, full participation, personal/ professional and organisational growth, health, well-being, and satisfaction.

## 5 Standards for Corporate Management

### Corporate Management Standards

The Corporate Management Standards allow an organisation to assess and evaluate its activities in relation to Hygiene Services at an organisational management level. Responsibility for these standards lies with the Governing Body<sup>3</sup> and Executive Management Team in conjunction with the Hygiene Services Committee. There are fourteen standards within the Corporate Management Standards, all of which are focused on four critical areas that are leadership and partnerships, environment and facilities, human resources and information management. Eight criteria within these standards are core.

The 14 standards are as follows:

- 1. Planning and Developing Hygiene Services:** Organisational planning in response to the changing needs of the population it serves in relation to hygiene services.
- 2. Linkages and Partnerships:** Organisational linkages and how it works in partnership with patients/clients, staff, other organisations and the community.
- 3. Corporate Planning:** Strategic planning to achieve identified goals in relation to hygiene services.
- 4. Governing and Managing Hygiene Services:** Effective and efficient governance for hygiene services.
- 5. Organisational Structure:** Defined organisational structures to ensure the co-ordinated provision of hygiene services.
- 6. Allocating and Managing Resources:** Allocation, protection, management and control of human, physical and financial resources for the hygiene services.
- 7. Managing Risk:** Assessment, management and prevention of risk in relation to hygiene services.
- 8. Contractual Agreements:** Shared responsibility for the delivery of hygiene services involving contractual services.

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<sup>3</sup> In this instance the governing body refers to Individuals, group or agency with ultimate authority and accountability for the overall strategic directions and modes of operation of the organisation. Also known as a Board, a Board of Trustees/Governors, the Health Service Executive etc.

9. **Physical Environment, Facilities and Resources:** Effective and efficient planning and management of the organisation's physical environment, facilities and resources.
10. **Selection and Recruitment of Hygiene Staff:** Selection, recruitment and retention of adequate and appropriate human resources.
11. **Enhancing Staff Performance:** Orientation/induction, ongoing education, training and continuous professional development and evaluation of Hygiene Services staff performance.
12. **Providing a Healthy Work Environment:** Safe, healthy and positive work environment for all Hygiene Services staff.
13. **Collecting and Reporting Data and Information:** Timely, efficient, accurate and complete collection and reporting of relevant hygiene services data and information.
14. **Assessing and Improving Performance:** Quality improvement systems for monitoring, evaluating and improving the quality of the organisation's Hygiene Service delivery.

## Planning and Developing Hygiene Services

### **CM 1.0 The organisation anticipates and responds to the current and future needs of its population in relation to Hygiene Services.**

#### **Intent**

*The organisation should use the data and information relating to its performance, the organisation and its population to plan, design and coordinate its Hygiene Service. The information should be used to help predict the common Hygiene Service needs of the organisation in all areas such as the environment and facilities, human resources, information management and health promotion. It should identify linkages and partnerships and assess the impact of the services on the population being served.*

#### Responsiveness

### **CM 1.1 The organisation regularly assesses and updates its current and future needs for Hygiene Services.**

#### Guidelines for Evidence of Compliance

- *Details of documented process(es) for completing a needs assessment regarding the requirements for Hygiene Services including environment and facilities, human resources, information management and health promotion.*
- *Details of information utilised within the Hygiene Corporate Strategic Plan, Service Plan and Operational Plan.*
- *Hygiene Corporate Strategic Plan, Service Plan and Operational Plan.*
- *Details of consultation with community partners, patients/clients, staff and all service users in relation to current and future needs of the organisation.*
- *Details of relevant legislation, codes of best practice and national guidelines.*
- *Evaluation of the efficacy of the needs assessment process.*
- *Resultant action(s), feedback and continuous quality improvement plan.*

### System Competency

#### **CM 1.2 There is evidence that the organisation's Hygiene Services are maintained, modified and developed to meet the health needs of the population served based on the information collected.**

Guidelines for Evidence of Compliance

- *Details of developments and modifications to the organisation's Hygiene Services in light of needs analysis over the last two years.*
- *Evaluation of developments and modifications to the organisation's Hygiene Services in relation to meeting the service user's needs.*
- *Resultant action(s), feedback and continuous quality improvement plan.*

## Establishing Linkages and Partnerships for Hygiene Services

**CM 2.0 The organisation has broad and meaningful linkages and works in partnership with its patients/clients, staff, other organisations and the community in relation to Hygiene Services.**

### **Intent**

*In order to meet the full spectrum of the Hygiene Services needs of patients/clients within the organisation, it should establish and monitor linkages and work in partnership with other sectors as applicable, e.g. patients/clients, staff, community services etc. This collaborative approach aims to enhance the effectiveness and efficiency of the Hygiene Services through improved communications and service flow.*

### Patient/Client/Community Focus

**CM 2.1 The organisation links and works in partnership with the (wider) Health Service Executive, various levels of Government and associated agencies, all staff, contract staff and patients/clients with regard to hygiene services.**

#### Guidelines for Evidence of Compliance

- *Details of specific linkages with the (wider) Health Services Executive (HSE), the Department of Health and Children (DoHC) and/or associated agencies/bodies in relation to hygiene services.*
- *Details of regular communications/meetings with the HSE, the DoHC and/or associated agencies/bodies.*
- *Documented process(es) to ensure the organisation works in partnership with all staff, contract staff and patients/clients.*
- *Patient/Client/Staff satisfaction surveys.*
- *Evaluation of the efficacy of linkages and partnerships.*
- *Resultant action(s), feedback and continuous quality improvement plan.*

## Corporate Planning for Hygiene Services

### CM 3.0 The organisation has a clear Hygiene Corporate Strategic Plan to achieve the desired results and meet the needs of the population it serves in the area of Hygiene Services.

#### Intent

*The organisation must develop a clear Hygiene Corporate Strategic Plan to ensure the achievement of Hygiene Services goals. This Plan should be aligned with and reflective of the organisation's overall Strategic Plan and culture. It should provide the foundation for the content of the Hygiene Operational Plan. When developing the Hygiene Corporate Strategic Plan the Governing Body and/or its Executive Management Team must obtain and use information from a variety of sources to ensure that it is reflective of the needs of the population served by the Hygiene Services team.*

#### System Competency

### CM 3.1 The organisation has a clear corporate strategic planning process for Hygiene Services that contributes to improving the outcomes of the organisation.

#### Guidelines for Evidence of Compliance

- *Documented process(es) for the development of the Hygiene Corporate Strategic Plan.*
- *Hygiene Corporate Strategic Plan containing clearly defined goals, objectives and priorities and related costings.*
- *Details of Governing Body and Executive Management Team members with responsibility for development of Hygiene Corporate Strategic Plan.*
- *Details of input of multidisciplinary team members, patients/clients, families, staff, service users in the development of the plan.*
- *Details of communication of the plan to all stakeholders.*
- *Evaluation of the Hygiene Corporate Strategic plans, goals, objectives and priorities against defined needs.*
- *Resultant action(s), feedback and continuous quality improvement plan.*

## Governing and Managing Hygiene Services

### CM 4.0 The organisation effectively and efficiently manages and governs its Hygiene Services.

#### Intent

*The organisation must ensure that it identifies the required processes and outcomes of good governance for Hygiene Services based on best practice and current regulations. The organisation must regularly review the scope of authority for its Hygiene Services teams. It should be able to demonstrate that these processes are in place and the planned results are being achieved.*

#### Systems Competency

### CM 4.1 The Governing Body and/or its Executive Management Team have responsibility for the overall management and implementation of the Hygiene Service in line with corporate policies and procedures, current legislation, evidence based best practice and research.

#### Guidelines for Evidence of Compliance

- *Details of authority provisions in the Hygiene Services.*
- *Details of Governing Body's corporate policies and procedures and adherence to same by the Hygiene Services.*
- *Code of Corporate Ethics.*
- *Evaluation of the Hygiene Services team's adherence to legislation and relevant national guidelines.*
- *Evaluation of the appropriateness of the review of authority provisions in the Hygiene Service areas.*
- *Resultant action(s), feedback and continuous quality improvement plan.*

### Responsiveness

#### **CM 4.2 The Governing Body and/or its Executive Management Team regularly receives useful, timely and accurate evidence or best practice information.**

Guidelines for Evidence of Compliance

- *Documented processes for receiving and acting on information on the performance of the Hygiene Service team.*
- *Details of Hygiene Service performance indicators reviewed on a regular basis.*
- *Details of Hygiene Service best practice information reviewed on a regular basis.*
- *Evaluation of the appropriateness of information received.*
- *Resultant actions, feedback and continuous quality improvement plan.*

### System Competency

#### **CM 4.3 The Governing Body and/or its Executive Management Team access and use research and best practice information to improve management practices of the Hygiene Service.**

Guidelines for Evidence of Compliance

- *Details of current research and best practice information available throughout the organisation e.g. internet, library.*
- *Details of safety/quality initiatives related to Hygiene Services based on research and best practice information.*
- *Details of team support and promotion of research activities e.g. education, seminars, in-house training.*
- *Details of methods for informing hygiene staff of latest research, legislation and best practice, e.g. in-service training, newsletters.*
- *Evaluation of the appropriateness of Hygiene Services related research and best practice information available.*
- *Resultant action(s), feedback and continuous quality improvement plan.*

System Competency

**CM 4.4 The organisation has a process for establishing and maintaining best practice policies, procedures and guidelines for Hygiene Services.**

Guidelines for Evidence of Compliance

- *Documented process(es) for the development, approval, revision and control of all policies, procedures and guidelines relating to Hygiene Services.*
- *Details of all organisational policies, procedures and guidelines relating to Hygiene Services.*
- *Evaluation of the efficacy of the process for developing and maintaining Hygiene Services policies, procedures and guidelines.*
- *Resultant action(s), feedback and continuous quality improvement plan.*

System Competency

**CM 4.5 The Hygiene Services Committee is involved in the organisation's capital development planning and implementation process.**

Guidelines for Evidence of Compliance

- *Documented processes for consultation with the Hygiene Services pre-development of existing sites.*
- *Details of communication between the Hygiene Services teams and the Governing Body and/or its Executive Management Team relating to capital development planning and implementation.*
- *Evaluation of the efficacy of the consultation process between the Hygiene Services team and senior management.*
- *Resultant action(s), feedback and continuous quality improvement plan.*

## Organisational Structure for Hygiene Services

### CM 5.0 The organisation has a clearly defined structure for Hygiene Services.

#### Intent

*To ensure the co-ordinated provision of Hygiene Services identified within its programmes and plans, the organisation must have a defined structure which provides for clarity of roles, responsibilities and interactions at all levels of the Hygiene Services.*

#### Core Criterion

#### Work Environment

### CM 5.1 There are clear roles, authorities, responsibilities and accountabilities throughout the structure of the Hygiene Services.

Compliance required

- *Details of the Hygiene Service Structure.*
- *Details of roles, authority, responsibilities and accountability of Governing Body and/or Executive Management Team in relation to Hygiene Services.*
- *Job descriptions for the Governing Body which includes roles, authority, responsibilities and accountability.*
- *Details of reporting relationships of all members of the Hygiene Services team.*
- *Details of responsibility and accountability of ward/department managers for hygiene in their ward/department.*

#### Core Criterion

#### System Competency

### CM 5.2 The hospital has a multidisciplinary Hygiene Services Committee.

Compliance Required

- *Details of the Hygiene Services Committee multi disciplinary team members (See page 25).*
- *Documented process(es) to ensure team awareness of each others roles and responsibilities.*
- *Hygiene Services Committee Terms of Reference.*
- *Details of administrative support available to the multi-disciplinary team.*
- *Details of how often the Committee meet.*

## Allocating and Managing Resources for Hygiene Services

**CM 6.0 Human, physical and financial resources are appropriately allocated, protected, managed and controlled by the organisation for the Hygiene Services.**

### **Intent**

*An equitable process of sharing and distributing resources, which takes into consideration the anticipated impact of the quality of service provision as well as the cost implications, should be developed by the Governing Body and/or its Executive Management Team. The allocation of all resources, human, financial and physical, needs to be responsive to changing needs and priorities with the Hygiene Services and the population that they serve.*

### **Core Criterion**

### **Responsiveness**

**CM 6.1 The Governing Body and/or its Executive Management Team allocate resources for the Hygiene Service based on informed equitable decisions and in accordance with corporate and service plans.**

Compliance required

- *Documented processes for the allocation of resources which includes consideration of national guidelines, the organisation's mission, needs, social costs and equitable distribution.*
- *Details of adequate financial support and allocation of resources made to the Hygiene Services.*
- *Corporate Hygiene Strategic Plan.*
- *Hygiene Service Plan.*

### System Competency

#### **CM 6.2 The Hygiene Services Committee is involved in the process of purchasing all equipment / products.**

Guidelines for Evidence of Compliance

- *Documented processes for involvement of the Hygiene Services Committee pre-purchasing of equipment/products (e.g. ventilation equipment, rotary machines, mattresses, endoscopy equipment).*
- *Details of communication between the Hygiene Services Committee and the Governing Body and/or its Executive Management Team relating to purchasing of equipment/products.*
- *Evaluation of the efficacy of the consultation process between the Hygiene Services Committee and senior management.*
- *Resultant action(s), feedback and continuous quality improvement plan.*

## Managing Risk in Hygiene Services

**CM 7.0 The Governing Body and/or its Executive Management Team ensure that risk related to Hygiene Services is assessed, prevented and managed within the organisation.**

### **Intent**

*In order to minimise Hygiene Services related risks, the Hygiene Services must work with the Governing Body and/or its Executive Management Team to gather, analyse and act on information from a variety of sources relating to business, planning, environment, human resources as well as services and clinical management. This process should reflect and be integrated within the organisation's overall risk management strategy and processes.*

### **Core Criterion**

### **System Competency**

**CM 7.1 The organisation has a structure and related processes to identify, analyse, prioritise and eliminate or minimise risk related to the Hygiene Service.**

#### Compliance Required

- *Documented process for Hygiene Service's risk incident identification, reporting, analysis, minimisation and elimination.*
- *Details of major adverse events which have occurred over the last two years.*
- *Risk management/health and safety annual report.*
- *External reports, for example Health and Safety Authority, Environmental Health Report.*
- *Details of Hygiene Services audits.*

### System Competency

#### **CM 7.2 The organisation's Hygiene Services risk management practices are actively supported by the Governing Body and/or its Executive Management Team.**

Guidelines for Evidence of Compliance

- *Details of resources allocated in relation to Hygiene Services risk management over the last two years.*
- *Details of representatives from Hygiene Services on the organisation's Risk Management Committee.*
- *Details of organisational safety/risk reports utilised by the Governing Body and/or its Executive Management Team including Health and Safety Authority reports.*
- *Evaluation of occurrence of major Hygiene Services' adverse events over the last two years*
- *Resultant action(s), feedback and continuous quality improvement plan.*

## Contractual Agreements for Hygiene Services

### CM 8.0 Contracted hygiene services are delivered according to the terms set out in the contract.

#### Intent

*The purchasing or selling of Hygiene Services from or to another organisation on a contractual basis results in a shared responsibility for service delivery. To ensure the best outcomes from these contractors the organisation must define its process in keeping with all relevant government regulations for determining, implementing and evaluating the services provided.*

#### Core Criterion

#### System Competency

### CM 8.1 The organisation has a process for establishing contracts, managing and monitoring contractors, their professional liability and their quality improvement processes in the areas of Hygiene Services.

#### Compliance Required

- *Documented process(es) for establishing contracts, managing and monitoring contractors and their professional liability in the area of Hygiene Services.*
- *Details of comprehensively defined written contracts for the provision of contracted hygiene services (e.g. linen, cleaning, water maintenance, waste management etc) specifying all relevant aspects e.g. duration, liabilities, conflict resolution, specifications, frequencies. etc).*
- *Details of established and new contracts relating to Hygiene Services.*

#### Patient/Client/Community Focus

### CM 8.2 The organisation involves contracted services in its quality improvement activities.

#### Guidelines for Evidence of Compliance

- *Details of contractors' involvement in the area of quality improvement activities.*

## Physical Environment, Facilities and Resources

**CM 9.0 The organisation's physical environment, facilities and resources support it in meeting the Hygiene Services needs of its community and the population it serves, and contributes to the well-being of patients/clients, staff and visitors.**

### **Intent**

*The physical environment, facilities and resources provided by the organisation maximise the comfort, safety and hygiene needs of the community it serves. The organisation must plan and manage its physical environment, facilities and resources efficiently and effectively in line with current legislation, regulations and best practice.*

### System Competency

**CM 9.1 The design and layout of the organisation's current physical environment is safe, meets all regulations and is in line with best practice.**

Guidelines for Evidence of Compliance

- *Design specifications.*
- *Details of relevant regulations and codes of best practice adhered to in the design and layout of the organisation's current physical environment.*
- *Physical environment.*
- *Evaluation of the safety of the design, layout and the current environment and its adherence to regulations and best practice.*
- *Resultant action(s), feedback and continuous quality improvement plan.*

**Core Criterion**

**System Competency**

**CM 9.2 The organisation has a process to plan and manage its environment and facilities, equipment and devices, kitchens, waste and sharps and linen.**

Compliance Required

- *Documented process(es) for planning and managing the environment and facilities, equipment and devices, kitchens, waste and sharps and linen throughout the organisation.*
- *Details of relevant legislation and best practice.*

**System Competency**

**CM 9.3 There is evidence that the management of the organisation's environment and facilities, equipment and devices, kitchens, waste and sharps and linen is effective and efficient.**

Guidelines for Evidence of Compliance

- *Details of evaluation methods utilised to determine the efficacy of the organisation's environment and facilities, equipment and devices, kitchens, waste and sharps and linen e.g. internal audits, satisfaction surveys.*
- *Details of changes made to the organisation's environment and facilities, equipment and devices, kitchens, waste and sharps and linen over the last two years.*
- *Resultant action(s), feedback and continuous quality improvement plan.*

**System Competency**

**CM 9.4 There is evidence that patients/clients, staff, providers, visitors and the community are satisfied with the organisation's Hygiene Services facilities and environment.**

Guidelines for Evidence of Compliance

- *Evaluation of patients'/clients', staff's, providers', visitors' and the communities' satisfaction with Hygiene Services facilities and the environment, for example surveys, comment cards, complaints.*
- *Resultant action(s), feedback and continuous quality improvement plan.*

## Selection and Recruitment of Hygiene Staff

### CM 10.0 The organisation has adequate numbers of qualified and trained staff to provide quality Hygiene Services.

#### Intent

*The organisation must ensure that adequate and appropriate human resources are available to provide quality Hygiene Services to patients/clients. Human resources must be assigned based on work capacity and volume, current best practice and regulations and in keeping with the organisation's service plan. To ensure quality and safety in the Hygiene Services, comprehensive processes regarding selection, recruitment and retention of human resources and contract staff must be applied.*

#### System Competency

### CM 10.1 The organisation has a comprehensive process for selecting and recruiting human resources for Hygiene Services in accordance with best practice, current legislation and governmental guidelines.

#### Guidelines for Evidence of Compliance

- *Documented processes for selection and recruitment for Hygiene Services in line with Human Resources policies.*
- *Details of relevant legislation and codes of best practice.*
- *Job descriptions.*
- *Utilisation of contract staff.*
- *Human resources recruitment records for Hygiene Services.*
- *Evaluation of the process for selecting and recruiting human resources.*
- *Resultant action(s), feedback and continuous quality improvement plan.*

System Competency

**CM 10.2 Staff are assigned by the organisation based on changes in work capacity and volume, in accordance with accepted standards and legal requirements for Hygiene Services.**

Guidelines for Evidence of Compliance

- *Documented process(es) for reviewing changes in Hygiene Services work capacity and volume.*
- *Details of accepted relevant standards and legal requirements.*
- *Details of changes in work capacity and volume in Hygiene Services over the past two years.*
- *Evaluation of the appropriateness of work capacity and volume review process(es).*
- *Resultant action(s), feedback and continuous quality improvement plan.*

System Competency

**CM 10.3 The organisation ensures that all Hygiene Services staff, including contract staff, have the relevant and appropriate qualifications and training.**

Guidelines for Evidence of Compliance

- *Documented processes for ensuring all Hygiene Services staff have the appropriate qualifications and training.*
- *Details of qualifications necessary for particular roles.*

### System Competency

#### **CM 10.4 There is evidence that the contractors manage contract staff effectively.**

Guidelines for Evidence of Compliance

- *Documented processes for management of contract staff.*
- *Details of reporting processes for contract staff specified in written contracts.*
- *Details of occupational needs, training and orientation for contract staff.*
- *Evaluation of the appropriate use of contract staff.*
- *Resultant action(s), feedback and continuous quality improvement.*

### Core Criterion

### System Competency

#### **CM 10.5 There is evidence that the identified human resource needs for Hygiene Services are met in accordance with Hygiene Corporate and Service plans.**

Compliance required

- *Details of Hygiene Services' human resource needs assessment process.*
- *Details of Hygiene Services staff cover to provide the necessary services.*
- *Hygiene Corporate Strategic Plan.*
- *Hygiene Service and Operational Plans.*
- *Hygiene Services' Annual Report.*

## Enhancing Staff Performance

### **CM 11.0 There are appropriately qualified, trained and competent leaders and staff in the organisation's Hygiene Services.**

#### **Intent**

*To provide safe, efficient and effective care/service to its patients/clients, the organisation must ensure that its Hygiene Services' staff are appropriately qualified, trained and competent. All members of staff must be involved in continuous education from initial induction and orientation which ensures the highest quality of patient/client service. The Hygiene Services should participate in the education and training of all appropriate staff in the organisation regarding relevant aspects of hygiene.*

#### **Core Criterion**

#### **System Competency**

### **CM 11.1 There is a designated orientation/induction programme for all staff which includes education regarding hygiene.**

#### Compliance Required

- *Details of education and training given to all staff during their induction period which includes specific education regarding hygiene.*
- *Details of ongoing education and training specifically regarding hygiene.*
- *Staff handbook, information pack.*
- *Attendance levels at induction/orientation training.*

### System Competency

#### **CM 11.2 Ongoing education, training and continuous professional development is implemented by the organisation for the Hygiene Services team in accordance with its Human Resource plan.**

Guidelines for Evidence of Compliance

- *Documented process(es) for ensuring continual professional development of all Hygiene Service's staff.*
- *Details of education/training in key areas such as health and safety hazards and conducting risk assessments, handling of patient/client complaints, infection control training, safe cleaning and maintenance of new and existing equipment, medical devices and cleaning devices.*
- *Documented processes for ensuring that staff are freed from duties to attend ongoing education and training.*
- *Details of facilities and time allocated for staff education and training.*
- *Details of the provision of facilitators and educators to support staff education and training.*
- *Staff training records.*
- *Evaluation of relevance of education to each staff member.*
- *Resultant action(s), feedback and continuous quality improvement plans.*

### System Competency

#### **CM 11.3 There is evidence that education and training regarding Hygiene Services is effective.**

Guidelines for Evidence of Compliance

- *Details of performance indicators utilised to evaluate the effectiveness of education and training, e.g. increased uptake (incident reporting), incidents.*
- *Evaluation of staff satisfaction rates with education and training sessions provided.*
- *Evaluation of attendance levels at education and training sessions provided.*
- *Resultant action(s), feedback and continuous quality improvement plan.*

### Work Environment

**CM 11.4 The performance of all Hygiene Services staff, including contract/ agency staff, is evaluated and documented by the organisation or their employer as appropriate.**

Guidelines for Evidence of Compliance

- *Documented process(es) for Hygiene Services staff, including contract/agency staff performance evaluation and development.*
- *Staff records.*
- *Evaluation of the number of Hygiene Services staff including contract/agency staff who undergo performance evaluation.*
- *Evaluation of the appropriateness of performance evaluation process(es).*
- *Resultant action(s), feedback and continuous quality improvement plan.*

## Providing a Healthy Work Environment for Staff

### CM 12.0 The organisation's work environment is safe, healthy and positive for all Hygiene Services staff.

#### Intent

*To provide high quality patient/client service, all staff including Hygiene Services staff, both in-house and/or contract, must be able to work in a safe, healthy, clean and positive environment.*

*The organisation must provide an occupational health and employee support service or access to such services, as well as developing healthy workplace strategies. The organisation should consult with its Hygiene Services staff to ensure that their workplace is conducive to providing a high level of service delivery.*

#### Work Environment

### CM 12.1 An occupational health service is available to all staff.

Guidelines for Evidence of Compliance

- *Details of occupational health service and services available, i.e. by the organisation or their employer.*
- *Details of vaccinations available to all staff, e.g. Hepatitis B.*
- *Evaluation of the appropriateness of the service provided by occupational health for staff.*
- *Resultant action(s), feedback and continuous quality improvement.*

#### Work Environment

### CM 12.2 Hygiene Services staff satisfaction, occupational health and well-being is monitored by the organisation on an ongoing basis.

Guidelines for Evidence of Compliance

- *Details of performance indicators used to monitor Hygiene Services staff satisfaction, occupational health and wellbeing.*
- *Details of changes initiated as a result of ongoing monitoring over the last two years.*
- *Evaluation of appropriateness of mechanisms for monitoring staff satisfaction.*
- *Resultant action(s), feedback and continuous quality improvement.*

## Collecting and Reporting Data and Information for Hygiene Services

**CM 13.0 The organisation collects and reports relevant Hygiene Services data and information in a way that is timely, efficient, accurate and complete.**

### **Intent**

*To ensure that the correct data and information is provided to the correct people at the correct time, the organisation must have defined processes and structures which identify how Hygiene Services information is collected, disseminated, coordinated and utilised. Defined standards on how and what is collected should be applied throughout the Hygiene Services team. The utilisation of data into information, and ultimately knowledge and action, should be routinely evaluated.*

### System Competency

**CM 13.1 The organisation has a process for collecting and providing access to quality Hygiene Services data and information that meets all legal and best practice requirements.**

#### Guidelines for Evidence of Compliance

- *Documented process(es) for collecting and providing access to data and information from both qualitative and quantitative sources.*
- *Details of processes to meet legal and best practice requirements.*
- *Evaluation of process(es) for collection and accessing information and adherence to legal and best practice requirements.*
- *Evaluation of quality data reliability, accuracy, validity and appropriateness.*
- *Resultant action(s), feedback and continuous quality improvement plans.*

### Responsiveness

#### **CM 13.2 Data and information are reported by the organisation in a way that is timely, accurate, easily interpreted and based on the needs of the Hygiene Services.**

Guidelines for Evidence of Compliance

- *Details of reports generated in the Hygiene Services.*
- *Evaluation of data and information turnaround.*
- *Evaluation of data presentation methods to ensure information provided is easily interpreted e.g. user friendly graphic interfaces.*
- *Evaluation of user satisfaction in relation to the reporting of data and information.*
- *Resultant action(s), feedback and continuous quality improvement plans.*

### Responsiveness

#### **CM 13.3 The organisation evaluates the appropriate utilisation of data collection and information reporting by the Hygiene Services team.**

Guidelines for Evidence of Compliance

- *Details of mechanisms used to assess the appropriateness of data collection and information reporting.*
- *Details of changes in data collection and information reporting over the last two years.*
- *Evaluation of the appropriateness of the data and information utilisation in relation to service provision and improvement.*
- *Resultant action(s), feedback and continuous quality improvement plans.*

## Assessing and Improving Performance for Hygiene Services

**CM 14.0 The organisation has a clearly defined system to continually monitor, evaluate and improve the quality of Hygiene Services delivery.**

### **Intent**

*The organisation, led by the Governing Body and/or its Executive Management Team, supports and actively develops a quality improvement system for Hygiene Services. This should be achieved through the training and education of staff, the utilisation of quality improvement and recognised audit tools and the ongoing planning and evaluation of the Hygiene Services improvement activities.*

### Work Environment

**CM 14.1 The Governing Body and/or its Executive Management Team foster and support a quality improvement culture throughout the organisation in relation to Hygiene Services**

Guidelines for Evidence of Compliance

- *Details of Hygiene Services quality improvement initiatives instigated over the last two years.*
- *Details of Governing Body and/or Executive Management Team involvement in specific quality initiatives.*
- *Details of Hygiene Services quality improvement activities co-ordinated with other performance monitoring activities.*

### System Competency

#### **CM 14.2 The organisation regularly evaluates the efficacy of its Hygiene Services quality improvement system, makes improvements as appropriate, benchmarks the results and communicates relevant findings internally and to applicable organisations.**

##### Guidelines for Evidence of Compliance

- *Details of changes in the organisation's Hygiene Services quality improvement system over the last two years.*
- *Details of communications to staff and applicable organisations in relation to relevant Hygiene Services findings over the last two years.*
- *Details of the organisation's Hygiene Services performance indicators, audit and benchmarking.*
- *Evaluation of improved outcomes in Hygiene Services delivery as a result of the quality improvement system.*
- *Resultant action(s) feedback and continuous quality improvement.*

## 6 Standards for Service Delivery

### Services Delivery Standards

The Service Delivery Standards allow an organisation to assess and evaluate its activities in relation to Hygiene Services at a team level. These standards relate directly to operational day-to-day work and responsibility for these standards lies primarily with the Hygiene Services Team (the team) in conjunction with ward/departmental managers and the Hygiene Services Committee. There are six core criteria within these standards.

The 6 Service Delivery Standards are as follows:

- 1. Evidence Based Best Practice and New Interventions in Hygiene Services:** Establishment, adoption, maintenance and evaluation of best practice guidelines and establishing processes for new interventions.
- 2. Prevention and Health Promotion:** Health and hygiene promotion and encouraging individuals to take responsibility for their own health.
- 3. Integrating and Coordinating Hygiene Services:** Integration and coordination of hygiene services.
- 4. Implementing Hygiene Services:** Safe, efficient and effective hygiene services.
- 5. Patients'/Clients' Rights:** Promoting and protecting patients'/clients' rights
- 6. Assessing and Improving Performance:** Quality improvement, managing risk and managing utilisation of services to improve the quality of the hygiene services and the performance of the team.

## Evidence Based Best Practice and New Interventions in Hygiene Services

### SD 1.0 Evidence based best practice is used by the team to develop and improve its Hygiene Services.

#### Intent

*To ensure ongoing development of and improvements to the Hygiene Services provided, the team is guided by evidence based best practice. Access to appropriate information and resources must be available to staff. This includes resources to implement legislation, mechanisms to keep staff aware of latest trends, initiatives and codes of best practice.*

#### System Competency

### SD 1.1 Best practice guidelines are established, adopted, maintained and evaluated, by the team.

Guidelines for Evidence of Compliance

- *Documented process(es) for the establishment, adoption, maintenance and evaluation of best practice guidelines for Hygiene Services which provides for input from providers and patients/clients.*
- *Details of best practice guidelines utilised by the Hygiene Services Team; e.g. use of colour coding systems.*
- *Details of protected time allocated for supervisory staff to consult documentation.*
- *Evaluation of the efficacy of processes used to develop best practice guidelines by the Hygiene Services Team.*
- *Resultant action(s), feedback and continuous quality improvement plan.*

System Competency

**SD 1.2 There is a process for assessing new Hygiene Services interventions and changes to existing ones before their routine use in line with national policies.**

Guidelines for Evidence of Compliance

- *Documented process(es) for assessing new Hygiene Service interventions and changes to existing ones.*
- *Details of new Hygiene Services interventions brought into routine use over the last two years e.g. introduction of new cleaning products.*
- *Evaluation of reports of new/changed Hygiene Services interventions.*
- *Evaluation of the efficacy of the assessment process for new/changed Hygiene Services interventions.*
- *Resultant action(s), feedback and continuous quality improvement plan.*

## Prevention and Health Promotion

**SD 2.0 The team, working with the organisation and the community, promotes Hygiene and maximises the wellbeing of those it serves.**

### **Intent**

*To ensure a holistic approach to the provision of hygiene services, the team must place considerable importance on the overall health and wellbeing of the population they serve. The team should be involved in health promotion activities to promote hygiene. These should include motivating and enabling individuals and communities to take responsibility for their own health.*

### Patient/Client/Community Focus

**SD 2.1 The team, in association with the wider organisation and other service providers, participates in and supports health promotion activities that educate the community regarding Hygiene.**

#### Guidelines for Evidence of Compliance

- *Details of Hygiene services activities undertaken and/or participated in by the team in the community e.g. involvement in national and regional health promotion activities.*
- *Details of community groups, primary health teams and other organisations involved.*
- *Hygiene Services posters and information leaflets.*
- *Evaluation of efficacy of activities undertaken and/or participated in by the team in the community in relation to hygiene.*
- *Resultant action(s), feedback and continuous quality improvement plan.*

## **Integrating and Coordinating Hygiene Services**

### **SD 3.0 The delivery of Hygiene Services is integrated and coordinated with internal departments/services and external organisations.**

#### **Intent**

*An integrated and coordinated team must be responsible for the provision of Hygiene services and must coordinate its service delivery with other internal departments and with external organisations.*

#### *Responsiveness*

### **SD 3.1 The Hygiene Service is provided by a multidisciplinary team in cooperation with providers from other teams, programmes and organisations.**

#### Guidelines for Evidence of Compliance

- *Details of multidisciplinary team members.*
- *Documented process(es) for establishing, maintaining and reviewing linkages and partnerships with other teams, programmes and organisations.*
- *Documented process(es) to ensure team awareness of each others roles and responsibilities.*
- *Evaluation of the efficacy of the multidisciplinary team structure.*
- *Resultant action(s), feedback and continuous quality improvement plan.*

## Implementing Hygiene Services

### SD 4.0 Hygiene Services are delivered safely, efficiently and effectively.

#### Intent

Safe, efficient and effective services require the provision of an environment which is hygienic. Multidisciplinary team members must receive the necessary training and education to deliver Hygiene Services competently.

#### Core Criterion

#### System Competency

### SD 4.1 The team ensures the organisation's physical environment and facilities are clean.\*

*For further guidance on compliance required refer to The Irish Acute Hospitals Cleaning Manual 2006).*

#### Core Criterion

#### System Competency

### SD4.2 The team ensures the organisation's equipment, medical devices and cleaning devices are managed and clean.\*

*(For further guidance on compliance required refer to The Irish Acute Hospitals Cleaning Manual 2006).*

#### Core Criterion

#### Work Environment

### SD 4.3 The team ensures the organisation's cleaning equipment is managed and clean.\*

*For further guidance on compliance required refer to The Irish Acute Hospitals Cleaning Manual 2006).*

#### Core Criterion

#### System Competency

### SD 4.4 The team ensures the organisation's kitchens, including ward/departmental kitchens, are managed and maintained in accordance with evidence based best practice and current legislation.

*For further guidance on compliance required refer to National Standards Authority of Ireland I.S 340:2006 Hygiene in Food Service (Draft) and The Irish Acute Hospitals Cleaning Manual 2006).*

\* clean: free from dirt or harmful substances (i.e. no blood or body substances, dust, debris and spillages)

**Core Criterion**

**System Competency**

**SD 4.5 The team ensures the inventory, handling, storage, use and disposal of Hygiene Services hazardous materials, sharps and waste is in accordance with evidence based codes of best practice and current legislation.**

*(For further guidance on compliance required refer to the Department of Health and Children's Segregation Packaging and Storage Guidelines for Healthcare Risk Waste 2004).*

**Core Criterion**

**System Competency**

**SD 4.6 The team ensures the Organisations linen supply and soft furnishings are managed and maintained.**

*(For further guidance on compliance required refer to The Irish Acute Hospitals Cleaning Manual 2006).*

**Core Criterion**

**System Competency**

**SD 4.7 The team works with the Governing Body and/or its Executive Management team to manage hand hygiene effectively and in accordance with SARI guidelines.**

*(For further guidance on compliance required refer to the SARI Guidelines for Hand Hygiene in Irish Healthcare Settings 2005).*

**System Competency**

**SD 4.8 The team ensures all reasonable steps to keep patients/ clients safe from accidents, injuries or adverse events.**

*Guidelines for Evidence of Compliance*

- *Documented process(es) for the minimisation of risk when Hygiene services are being provided.*
- *Details of response rates to non-routine situations.*
- *Incident reporting forms relating to Hygiene Services.*
- *Evaluation of incident rates.*
- *Resultant action(s), feedback and continuous quality improvement plan.*

### System Competency

#### **SD 4.9 Patients/Clients and families are encouraged to participate in improving Hygiene Services and providing a hygienic environment.**

##### *Guidelines for Evidence of Compliance*

- *Documented process(es) to encourage and help patients/clients and families understand and carry out their responsibilities regarding Hygiene Services.*
- *Patient/Client information leaflets.*
- *National Hospital Visitor Policy.*
- *Details of adherence to National Hospital Visitor Policy.*
- *Evaluation of patients/clients and families satisfaction with participation in service delivery.*
- *Resultant action(s), feedback and continuous quality improvement plan.*

## Patient's/Client's Rights

### **SD 5.0 The rights of patients/clients and families are protected and promoted.**

#### **Intent**

*Patients/Clients must be treated with dignity and respect at all times and their rights to privacy and information must be upheld. The Hygiene Services Team must respect these rights in line with organisational guidelines.*

#### System Competency

### **SD 5.1 Professional and organisational guidelines regarding the rights of patients/clients and families are respected and adhered to by the team.**

#### Guidelines for Evidence of Compliance

- *Documented processes for maintaining patient/client dignity during Hygiene Services delivery.*
- *Documented process(es) for dealing with the special needs for privacy and confidentiality of patients/clients who are at risk of / have acquired a communicable infectious disease during Hygiene Service delivery.*
- *Patient/Client information leaflets.*
- *Evaluation of patients'/clients' and families' rights violations in relation to Hygiene services are managed in line with organisational policy, e.g. root cause analysis of incidents.*
- *Resultant action(s), feedback and continuous quality improvement plan.*

Patient/Client/Community Focus**SD 5.2 Patients/Clients, families, visitors and all users of the service are provided with relevant information regarding Hygiene Services.**

Guidelines for Evidence of Compliance

- *Details of information provided to patients/clients at their initial and ongoing contact with the organisation.*
- *Details of information provided to families, visitor and all service users on entering the organisation's premises.*
- *Evaluation of patient/client, family and visitor comprehension of and satisfaction with the information provided by the Hygiene Services team; e.g. satisfaction surveys.*
- *Resultant action(s), feedback and continuous quality improvement plan.*

Patient/Client/Community Focus**SD 5.3 Patient/Client complaints in relation to Hygiene Services are managed in line with organisational policy.**

Guidelines for Evidence of Compliance

- *Documented process(es) for dealing with patient/client complaints.*
- *Records of complaints presented to the team.*
- *Evaluation of patient/client complaints relating to the team's activities.*
- *Resultant action(s), feedback and continuous quality improvement plan.*

## Assessing and Improving Performance

### **SD 6.0 The Hygiene Services team monitors and improves the quality of their services to achieve the best possible outcomes.**

#### **Intent**

*Quality improvement, managing risk and managing utilisation of services are critical to improving the overall quality of Hygiene Services, the performance of the team and their ability to achieve results. The team must utilise performance measurement to help identify improvements in their provision of Hygiene Services.*

#### *Patient/Client/Community Focus*

### **SD 6.1 Patient/Clients, families and other external partners are involved by the Hygiene Services team when evaluating its service.**

#### Guidelines for Evidence of Compliance

- *Details of patients'/clients', families' and other service users' involvement in evaluating the Hygiene Services of the organisation.*
- *Changes to Hygiene Services over the past two years as a result of service user information.*
- *Evaluation of the extent to which patients/clients, families and other organisations are involved by the team when evaluating its Hygiene Services.*
- *Resultant action(s), feedback and continuous quality improvement plan.*

### System Competency

#### **SD 6.2 The Hygiene Services team regularly monitors, evaluates and benchmarks the quality of its Hygiene Services and outcomes and uses this information to make improvements.**

##### Guidelines for Evidence of Compliance

- *Details of evaluation mechanisms used by the Hygiene Services Team e.g. performance indicators, internal and HSE audit reports.*
- *Details of evaluation results benchmarked with other similar interventions; programmes or organisations.*
- *Details of Hygiene Services quality initiatives undertaken by the team over the last two years.*
- *Hygiene Services Annual Report detailing the results of all monitoring and evaluation activities.*
- *Evaluation of the extent to which Hygiene Services quality initiatives are being undertaken by the Hygiene Services Team as a result of evaluation and benchmarking.*
- *Resultant action(s), feedback and continuous quality improvement plan.*

System Competency

**SD 6.3 The multidisciplinary team, in consultation with patients/ clients, families, staff and service users, produces an Annual Report that is received and signed off by the Board or Senior Management Team as applicable.**

Guidelines for Evidence of Compliance

- *Documented process(es) for the compilation of the Hygiene Services Annual Report.*
- *Hygiene Services Annual Report.*
- *Minute(s) of Board, or senior management team, to demonstrate the signing off of the Annual Report.*
- *Details of communication of the reports to stakeholders within the organisation.*
- *Documented process(es) for the audit of the Hygiene Services policies/procedures/guidelines.*
- *Details of methods used to evaluate appropriate resources utilised by the Hygiene Services Team.*
- *Evaluation of the appropriateness of the Hygiene Services Annual Report.*
- *Resultant action(s), feedback and continuous quality improvement plan.*<sup>7</sup> *Additional Information*

## 8 Additional Information

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Quality Health New Zealand	The Health and Disability Sector Standards
World Health Organisation	Practical Guidelines for Infection Control in Health Care Facilities 2004
World Health Organisation	Prevention of Hospital-Acquired Infections A Practical Guide 2 <sup>nd</sup> Edition 2002
World Health Organisation	WHO Guidelines on Hand Hygiene in Health Care (Advanced Draft): A Summary 2005
World Medical Association	Declaration with Guidelines for Continuous Quality Improvement for Care
World Medical Association	World Medical Association Declaration on the Rights of Patients
World Medical Association	The World Medical Association Declaration on Patient Safety

## 8 Glossary

Author	Title
ACCESS	ability of patients/clients, families/carers or groups to obtain required or available infection control and cleaning services in the most appropriate setting and at the right time, based on their respective needs.
APPROPRIATENESS	the degree to which care/service is consistent with a patient's/client's and family's/carer's expressed requirements and is provided in accordance with current best practice.
ASSESSMENT	process by which the characteristics and holistic needs of patients/clients, families/careers, groups, populations, communities or situations are evaluated or determined so that they can be addressed. The assessment forms the basis of a plan for care/services or action.
BENCHMARKING	benchmarking is the continuous process of measuring and comparing products, services and practices with similar systems or organisations both inside and/or outside the healthcare sector for continual improvement.
BUILDINGS	a structure with a roof and walls.
CAPACITIES	abilities, resources, assets, strengths of groups, populations or individuals to deal with situations and meet their needs.
CLEAN	free from dirt or harmful substances.
CLEANING FREQUENCIES	the frequency with which different environments must be cleaned.
CLEANING SPECIFICATION	details of all environments to be cleaned.
CLEANLINESS	the state of being clean or the habit of keeping clean.
COLOUR CODING	specifies colours of equipment to be used in different areas.
COMMUNITY	collective of individuals, families, groups and/or organisations that interact with one another, co-operate in common activities usually in a geographic locality or environment.

COMPETENCE (STAFF)	an individuals' knowledge, experience, training, skills and attitudes are appropriate to the service provided and are regularly evaluated. Also staff competency.
COMPLAINT	verbal or written expression of a problem, an issue or dissatisfaction with individuals and/or services.
COMPLEMENT	services or components that fit with each other or supplement one another to form more complete services. Also complementary.
CONFIDENTIAL	information to be kept private is safeguarded, with guaranteed limits on the use and distribution of information collected from individuals. Also confidentiality.
CONTRACT	formal agreement that stipulates the terms and conditions for services that are obtained from, or provided to, another organisation. The contract and the contracted services are monitored and co-ordinated by the organisation and comply with the standards of the organisation. These contracts are applicable where a large service is being supplied (e.g. contract cleaning) or where a smaller, subsection of a service is being supplied (e.g. linen supplies, waste removal). Also contracted services.
CO-ORDINATED	working together effectively with collaboration among providers, organisations and services in and outside the organisation to avoid duplication, gaps or breaks. Also co-ordinate, co-ordination.
CULTURE	a shared system of values, beliefs and behaviours.
DATA	facts from which information can be generated.
DIGNITY	the right of individuals to be treated with respect as persons in their own right (WHO).
EDUCATION	systematic instruction and learning activities to develop or bring about change in knowledge, attitudes, values or skills. Also educating.
EFFECTIVE	a measure of the extent to which a specific intervention, procedure, regime, or service, when deployed in the field in routine circumstances, does what it is intended to do for specified population, (WHO). Also effectively, effectiveness.
EFFICIENT	resources (inputs) are brought together to achieve optimal results with minimal waste, re-work and effort. Also efficiently.

ENVIRONMENT	the entire organisation including the building facilities, the grounds and its operations.
EQUIPMENT	the items needed for a particular purpose.
ETHICS	standards of conduct relating to business, research, audit and direct patient/client or community service. Examples of ethical issues which the organisation may face include conflict of interest, confidentiality, promotional activities, resource allocation, consent, death and dying. Also ethic, ethical.
EVALUATION	assessment/appraisal of the degree of success in meeting the goals and expected results (outcomes) of the organisation, service, programme, population or patients/clients. Also evaluate.
EVIDENCE	data and information used to make decisions. Evidence can be derived from research, experiential learning, indicator data and evaluations. Evidence is used in a systematic way to evaluate options and make decisions. Also evidence based.
EVIDENCE BASED BEST PRACTICE	approaches that have been shown to produce superior results, selected by a systematic process and judged as "exemplary", "good" or "successfully" demonstrated. They are then adapted to fit a particular organisation. Also best practice, best practice guidelines, practice guidelines.
GOALS	broad statements that describe the desired state for the future and provide direction for day-to-day decisions and activities.
GOVERNANCE	the function of determining the organisation's direction, setting objectives and developing policy to guide the organisation in achieving its mission.
GOVERNING BODY	individuals, group or agency with ultimate authority and accountability for the overall strategic directions and modes of operation of the organisation. Also known as a Board, a Board of Trustees/Governors, the Health Service Executive etc.
GUIDELINES	principles guiding or directing action.
HAZARD	anything that can cause harm injury, ill-health or damage.

HEALTH	state of complete physical, mental, social and spiritual well-being, not merely the absence of disease or infirmity. Health is the extent to which individuals and populations are able to develop aspirations, satisfy needs and to change or cope with the environment. Health is seen as a resource for everyday life, not the objective of living. It is seen as a positive concept emphasising social and personal resources, as well as physical capacities (WHO). Also healthy.
HEALTH AND SAFETY	health related strategies, often legislated, to ensure an effective response to health risks faced by the population.
HUMAN RESOURCES	the personnel requirements of the organisation. Human resources may include staff, volunteers and independent practitioners.
HYGIENE	“the practice that serves to keep people and environments clean and prevent infection. It involves the study of preserving ones health, preventing the spread of disease, and recognizing, evaluating and controlling health hazards. In the healthcare setting it incorporates the following key areas: environment and facilities, hand hygiene, catering, management of laundry, waste and sharps, and equipment”.
IMPLEMENTATION	the method for putting a plan/programme into effect and the carrying out of activities associated with the plan/programme.
INCIDENTS	events that are unusual, unexpected, may have an element of risk or that may have a negative effect on residents/patients/clients, groups, staff or the organisation.
INDICATOR	are designed to be measurement tools, which, through the collection and analysis of data, can alert organisations to possible outcomes and/or opportunities for improvement.
INFECTION	the process of infecting or the state of being infected.
INFECTION CONTROL	practices to prevent, control, manage and monitor infection and diseases due to infections in patients/clients, groups and staff.

INFORMATION	this includes printed material, all electronic systems such as databases, e-mail, internet as well as audiovisual communications technology and photographs.
INFORMATION MANAGEMENT	Information management is an organisation-wide function that includes clinical, financial and administrative databases. The management of information applies to computer-based and manual systems.
IN-HOUSE	within an organisation; cleaning services are provided by hospital staff.
INTEGRATED	bringing together services, providers and organisations from across the continuum to work together jointly so that their care/services are complementary to one another, are co-ordinated with each other and are a seamless unified system, with continuity for the patient/client. Also integrate, integration, integrating.
INTERDISCIPLINARY TEAM	an interdisciplinary team has a similar structure to a multidisciplinary team, in so far as it comprises of various disciplines (both clinical and non-clinical). These team members must also be representative of the different areas involved in the provision of an episode of care. See multidisciplinary.
JOB DESCRIPTION	description of a position or post including its nature and scope, duties and responsibilities, general and specific accountabilities and the qualifications required to do it.
LEADERSHIP	ability to provide support and direction and cope with change. It involves establishing a vision, developing strategies for producing the changes needed to implement the vision; aligning people; motivating and inspiring people to overcome obstacles.
LINKAGES	connections, contacts and working relationships established with others. Also links, to link, linked.
MANAGEMENT	setting targets or goals for the future through planning and budgeting, establishing processes for achieving those targets and allocating resources to accomplish associated plans. Ensuring that plans are achieved by leading, organising, staffing, controlling and problem-solving.
MANAGER	person in charge of business or organisation.

MEDICAL EQUIPMENT& DEVICES	this covers all products, except medicines, used in healthcare for the diagnosis, prevention, monitoring or provision of care/service. The range of products is very wide: it includes contact lenses, beds, syringes, wheelchairs and walking frames - used by healthcare providers and patients.
MONITORING	encompasses supervising, observing, and testing activities and appropriately reporting to responsible individuals. Monitoring provides an ongoing verification of progress toward achievement of objectives and goals.
MULTIDISCIPLINARY	a multidisciplinary team is a group of people from various disciplines (both clinical and non-clinical) who work together to provide care/ service within a specified area, e.g. Doctor, Nurse, Administrative Staff, Allied Health Professional. Also interdisciplinary.
NEED	physical, psychological, social, spiritual or cultural requirement for well-being. Needs may or may not be perceived or expressed by the person in need. They must be distinguished from demands, which are expressed desires, not necessarily needs.
OBJECTIVES	concrete, measurable steps taken to achieve goals.
ORIENTATION	the process by which patients/clients, groups or communities become familiar with the programmes and services offered by the organisation; or the process by which staff become familiar with all aspects of the work environment and their responsibilities.
PARTNERS	the organisations, services or providers that the organisation works and collaborates with to provide complementary, continuous services.
PARTNERSHIPS	formal or informal working relationships between service providers or organisations, where services may be developed and provided jointly or shared. Also partnership.
PATIENTS	individuals, families, groups and communities being served by the organisation. Also client(s).
POLICY	written statement that clearly indicates the position and values of the organisation on a given subject. Also policies.

POPULATION	the total inhabitants of a community. "Defined population" refers to a specific segment of the community.
PREVENTION	activities designed to prevent the occurrence or progression of death, disease, disability or dysfunction (WHO).
PROCEDURE	written set of instructions that describe the approved and recommended steps for a particular act or sequence of acts.
PROCESS	series of goal-directed, inter-related activities, events, mechanisms or steps and communications which accomplish a service for a patient/client.
PROGRAMME	a management unit organised around patient/client groups or specialities. The focus is continued patient/client care. It is responsible for managing its own medical, nursing, clinical support and administrative staff. It manages its pay and non-pay budgets, it delivers, monitors and evaluates the quality of service provided.
PROMOTION	process of enabling people to increase control over and improve their health (WHO).
PROTECTION	health related strategies, often legislated, to ensure an effective response to health risks faced by the population.
PROVIDERS	individuals in or outside the organisation who, in collaboration with others on a team, give care/ services based on an integrated care/treatment plan. Also provider, service provider(s).
QUALIFIED	having the credentials for, being professionally and legally prepared and authorised to perform specific acts. This may include registration, certification, licence or other formal approval; and training or experience in proportion with the assigned responsibilities.
QUALITATIVE	data and information expressed with descriptions and narratives, a method that investigates the experience of patients/clients, families/carers, groups, communities or users through observation, interviews.
QUALITY	the degree of excellence, extent to which an organisation meets patients'/clients' and families/ carers needs and exceeds their expectations.

QUALITY IMPROVEMENT, CONTINUOUS	organisational philosophy that seeks to meet patients'/clients' and families'/carers' needs and exceed their expectations by using a structured process that selectively identifies and improves all aspects of care/service.
QUANTITATIVE	data and information that is expressed in numbers and statistics, a method that investigates phenomena with measures.
RECORD (NOUN)	a collection of information about patients'/clients' life and health history, needs, interventions by providers and results. Information may be in written, audio, video or photograph form. Also known as medical record, patient/client file or chart.
RECRUITMENT AND SELECTION	processes used to attract, choose and hire qualified staff. Also. recruit
RELIABILITY	extent to which results are consistent through repeated measures by different measurers or at different times by the same measurer, when what is measured has not changed in the interval between measurements.
RESEARCH	contribution to an existing body of knowledge through investigation, aimed at the discovery and interpretation of facts.
RESULTS (OUTCOMES)	changes in health or other status as a consequence of a care/service decision, action or intervention.
RISK	chance or possibility of danger, loss or injury. For health services organisations this may relate to the health and well-being of patients/clients, families/carers, staff and the public; property; reputation; environment; organisational functioning, financial stability, market share and other things of value.
SAFETY	the degree to which the potential risk and unintended results are avoided or minimised. Also safe, safely.
SECURE	certain to be safe, certain not to fail. Also security.
SERVICES	products of the organisation delivered to patients/clients or units of the organisation or of staff, with a director, manager or other designated person in charge that deliver products to patients/clients. Services can be clinical, professional or business products or units. Also service.

SERVICE/PROVIDER PLAN	refers to the design of strategies, which include the processes, actions, and resources to achieve the goals and objectives of the organisation.
SPACE	an unoccupied area.
SPECIAL NEEDS	additional assistance required to meet the needs of individuals.
STAFF	refers to individuals employed by this or another organisation. Also personnel.
STAFFING	management function that deals with the recruitment, placement, training and development of staff. May include staff, volunteers and independent practitioners.
STAKEHOLDER	individuals, organisations or groups that have an interest or share, legal or otherwise, in services. Stakeholders may include referral sources, service providers, employers, insurance companies or payors.
STRATEGIC PLANNING	formalised, ongoing, long-range planning to define and achieve the goals of the organisation. The strategic plan responds to seven questions: Who are we? Where are we now? What is the environment? Where do we want to go? How should we get there? What will our path look like? How will we measure our progress?
SUPPORT	types of assistance required by individuals to maintain independence, prevent institutionalisation or cope with a condition that may be deteriorating.
TEAM	group of people, from within and outside the organisation, with complementary knowledge and skills whose functions are interdependent and are tasked to something specific. They work together for a common purpose or result (outcome) on a short-term or permanent basis. See also infection control committee, infection control team, cleaning services team.
TIMELY (WAY)	activities which are carried out within an appropriate/beneficial timeframe.
VALIDITY	extent to which a measure truly measures only what it is intended to measure.







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